

## **JAFPP's Clinic Management Guidelines**

## Contents

JAFPP's Clinic Management Guidelines .....	1
Contents.....	2
Introduction .....	4
Implementation of Mission Statement.....	4
Implementation of JAFPP policies and procedures .....	4
Role of the clinic manager .....	4
Communication within the clinic .....	4
Professional Ethics .....	5
Client-Provider Relationships.....	5
Client and Family Rights.....	6
Right to information.....	6
Right to access .....	6
Right of choice .....	6
Right to safety .....	6
Right to privacy .....	6
Right to confidentiality .....	6
Right to dignity.....	6
Right to comfort.....	7
Right to continuity .....	7
Right of opinion.....	7
Responsibilities of clients.....	8
Health Professional Rights and Responsibilities—Providers' needs.....	8
Need for information .....	8
Need for training.....	8
Need for infrastructure.....	8
Need for supplies .....	8
Need for guidance.....	9
Need for back-up .....	9
Need for respect .....	9
Need for feedback and encouragement .....	9
Need for self-expression .....	9
Community Relationships .....	9

Client flow in JAFPP clinics: .....	10
Records used at the clinic .....	10

## **Introduction**

JAFPP clinic managers serve to provide the highest quality service to clients and to implement the vision, mission, strategy, and action plans of JAFPP. The clinic manager should have and be familiar with these related documents.

## **Implementation of Mission Statement**

The mission of the JAFPP clinic is to provide comprehensive, high quality, integrated and continuous reproductive health; mainly family planning services to clients at affordable prices. The clinic staff members respond to the needs of clients within the context of the primary health care model and with emphasis on promotion, counseling, informed free choice of a family planning method, clinical service provision and follow up on RH\FP services. Family planning services comply with Ministry of Health standards and procedures to ensure high quality, cost effective services. An efficient, qualified health team directs health services in cooperation with the local community.

## **Implementation of JAFPP policies and procedures**

JAFPP Headquarters (HQ) management staff, collaboratively with clinic managers and staff, has created policies and procedures that govern the management of all JAFPP human, financial, and material resources. It is the responsibility of the clinic manager to be sure that updated policies and procedures are available to all staff for review at any time. The manager will provide new employees with an orientation that covers these policies and procedures, assures understanding, and provides access to the documents for future reference. As circumstances at the clinic change, the clinic staff and manager will work with JAFPP HQ staff to update policies and procedures. Until such time as policies are changed, however, it is the responsibilities of the clinic manager and staff to implement the policies faithfully.

## **Role of the clinic manager**

In addition to client care, the senior physician at the clinic serves as the de facto clinic manager. The center manager has a clear written job description. Duties specified in the job description include:

- Oversight of day-to-day operations
- Ensuring that necessary policies and procedures are available, well communicated, and implemented by the clinic staff
- Ensuring that the facility complies with all laws and regulations
- Providing management financial, and physical resources
- Ensuring that the clinic practices JAFPP's program for quality improvement
- Serves as manager and supervisor of all employees at the clinic, including help with selection, orientation, training, day-to-day supervision, and performance management

## **Communication within the clinic**

There is a clear system and process for coordination and communication between facility manager and the staff. The clinic manager should hold clinic staff meetings at least monthly. The agenda should include:

- Review of quality data and improvement actions as needed
- Review of client satisfaction data and improvement actions as needed
- Review of infection control data and improvement actions as needed
- Action plans in support of the overall JAFPP strategic and action plan goals and objectives

## Professional Ethics

Professional ethics are principles that guide professional conduct and protect the rights of staff and their clients. Professional ethics define the relationship between health team members and their clients within the context of the values, principles, beliefs and traditions of the Jordanian community.

The following personal ethics enhance professional development:

- Application of modern, evidence-based medical sciences and practices in client care
- Pursuit of continuous medical learning
- Maintenance of a professional appearance
- Participation in advanced scientific research to advance knowledge of medical sciences
- Maintenance of personal behavior that complies with community values
- Respect for the rights of each clinic team member
- Avoidance of actions that disgrace the profession, such as
  - Exploiting a professional relationship for personal interests
  - Promoting special advertisements or medical products
  - Abusing drugs or alcohol
  - Losing self-control
  - Taking advantage of one's position to obtain and sell medical products
  - Using a colleague's position for personal advantage
  - Involvement in illegal practices

## Client-Provider Relationships

The following ethical behaviors guide the relationship between health care providers and clients:

- Attention to priorities based on professional evaluation when providing health care for clients
- Equality of care for all clients without discrimination on the basis of sex, age, religion, race, tribe, education, social category, economical level, political beliefs, diagnosed disease or any other characteristics
- Involvement of clients and/or their named relatives in decisions about health care alternatives. *Note: In circumstances where the client is unable to make a decision—such as being underage, unconscious, or mentally incapacitated—it is preferable to involve the client's relatives in decision-making.*
- Attention to preserving the client's dignity, privacy, concerns, confidences, and rights
- Cooperation with colleagues to ensure that the client's interests and needs are addressed

## **Client and Family Rights**

JAFPP has a policy identifying client's rights that are described below. This policy is identified by the organization in a written and implemented manner.

### **Right to information**

All individuals in the community have a right to know about the benefits and availability of primary care services for themselves and their families. They also have a right to know where and how to obtain more information and services.

### **Right to access**

All individuals in the community have a right to obtain reproductive health and family planning services, regardless of their race, gender, marital status, age, religious or political beliefs, ethnicity or disability, or any other characteristics which could make individuals vulnerable to discrimination.

### **Right of choice**

An aspect of choice should be considered: as far as is practical, clients have a right to choose where to go for reproductive health and family planning services, and the type of service provider with whom they feel most comfortable.

### **Right to safety**

Safety relates to the quality of service provision, including both the infrastructure appropriateness, service flow, and the technical competence of the service providers. Any complications or major side-effects should receive appropriate treatment. If this treatment is not available at a particular service site, the client should be referred to another facility.

### **Right to privacy**

Clients have a right to discuss their needs or concerns in a private environment and their conversation with the counselor or service provider should not be listened to by other people. When a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to bodily privacy is respected. There should not be any persons in the room when a client is receiving counseling or undergoing a physical examination who is not directly related to the client's care; in case of individuals undergoing training or supervision the client's permission should be obtained.

### **Right to confidentiality**

Clients should be assured that any information they provide or any details of the services received will not be communicated to third parties without their consent. In accordance with the principle of confidentiality, service providers should refrain from talking about clients by name or in the presence of other clients. Client records should be filed immediately after use and kept closed. Similarly, access to client records should be controlled. A breach of confidentiality could cause the client to be shunned by the community or negatively affect the matrimonial status of the client.

### **Right to dignity**

Clients have a right to be treated with empathy, courtesy, consideration, attentiveness, and with full respect of their dignity regardless of their level of education, social status, or any other

characteristics which could single them out or make them vulnerable to abuse. In recognition of this right of the client, service providers must be able to put aside their personal gender, marital, social and intellectual prejudices and attitudes while providing services.

### **Right to comfort**

Clients have the right to feel comfortable when receiving services. This right of the client is intimately related to adequacy and organization of service delivery facilities (e.g., service delivery sites should have proper ventilation, lighting, seating and toilet facilities). Clients should spend only a reasonable amount of time at the premises to receive the required services.

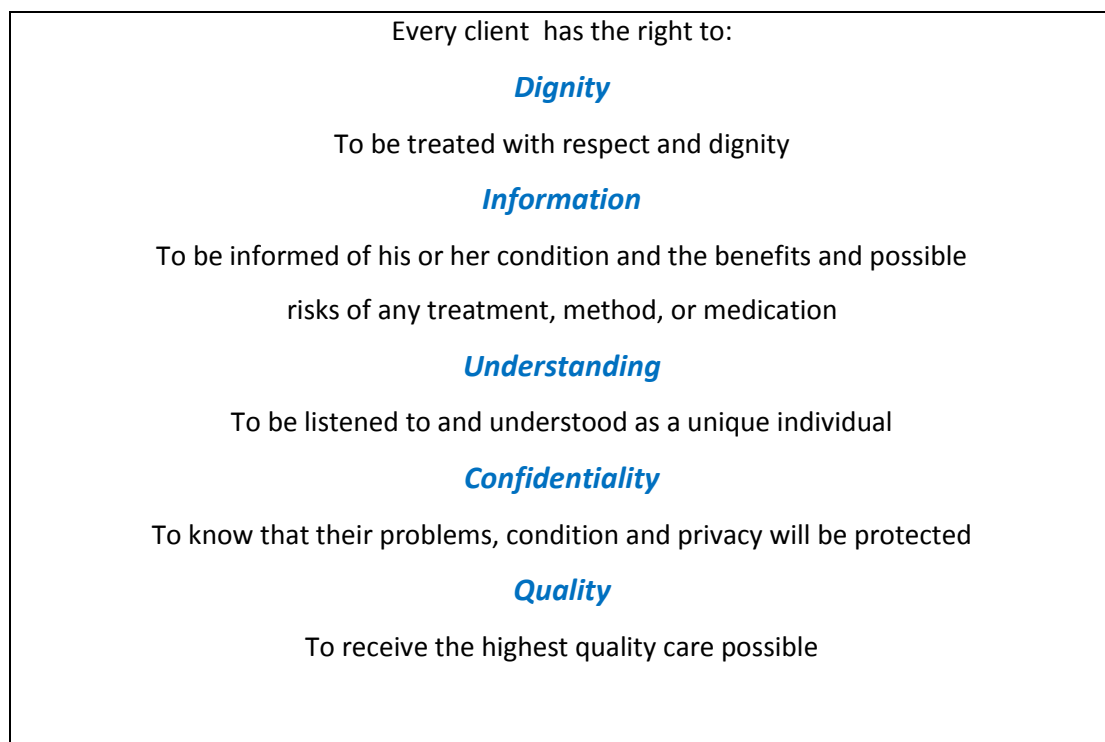
### **Right to continuity**

Clients have a right to receive reproductive health and family planning services and supplies. The services provided to a particular client should not be discontinued unless this is a decision made jointly between the provider and the client. Referral and follow-up are two other important aspects of a client's right to continuity of services.

### **Right of opinion**

Clients have the right to freely express their views on the services that they receive. Clients' opinions on the quality of services, in the form of thanks or complaint, together with their suggestions for changes in service provision, should be viewed positively in a program's ongoing effort to monitor, evaluate, and improve its services.

These key principles will assist health care providers in maintaining their focus on client rights.



## Responsibilities of clients

Clients have the following responsibilities:

- Respectful treatment of the provider and other clinic staff
- Respectful treatment of clinic property
- Respect and adherence to laws and regulations established by the JAFPP organization
- Sharing full and accurate health and medical information with the provider
- Informing the service provider about any side effects or health problems
- Accompanying children when they visit the center

## Health Professional Rights and Responsibilities—Providers' needs

The needs of service providers must also be addressed in order to make clients' rights a reality. Without these needs being met—in terms of adequate resources, support, knowledge and training, for example—it becomes impossible for service providers truly to meet clients' rights.

### Need for information

All service providers need to be kept informed on issues related to their duties. Moreover, service providers do not work in isolation, and they can work more efficiently if they are also informed on aspects related to the work of their colleagues in the service delivery team and other areas of the program. Access to updated technical information can assist service providers to talk with authority and to act with confidence.

### Need for training

Service providers must have access to the knowledge and skills needed to perform all the tasks required to do their work. It would be most unfair to the service provider and her clients if providers were required to perform a task for which they had not received the appropriate training. It is, therefore, the responsibility of the managers to identify staff training needs and to take the necessary steps to provide all required training. Managers should bear in mind that the training needs of service providers include technical aspects *and* communication skills.

### Need for infrastructure

Service providers need to have the appropriate physical facilities and organization to provide services at an acceptable level of quality. This right to the appropriate infrastructure applies not only to services provided in a clinical environment, but also to services provided at the community level. The need for efficient organization at community level is just as important as it is for clinical services. Service providers must also be assured their working environment is safe. This includes safety from being unnecessarily exposed to the risk of an infection.

### Need for supplies

Service providers need continuous and reliable supplies that are required for the provision of primary health care services at appropriate standards of quality. An adequate supply of materials should include those required to provide safe and effective services to the clients.



### Need for guidance

Service providers need job description with clear roles and responsibilities, and objective guidance including the type of guidance which will reinforce their commitment and competence for delivery of high-quality services. This guidance should be in the form of written service guidelines, practical checklists, and effective supportive supervision.

### Need for back-up

Service providers need to be reassured that whatever the level of care at which they are working—from the community level to the most sophisticated clinical service delivery site—they are members of a larger grouping in which individuals or units can provide support to each other. They are able to request a consultation or technical support, or to refer clients to another provider or another level of care.

### Need for respect

Service providers need the support of the system in their efforts to gain the respect of the clients. Behavioral factors that may negatively affect the respect of the clients towards a service provider must be avoided, e.g., calling the attention of the provider to mistakes or problems in the presence of the clients in a way that may cause embarrassment or shame. Service providers must be protected from any verbal, psychological, and physical harassment or abuse from clients, other staff, and supervisors.

### Need for feedback and encouragement

Service providers need feedback concerning their competence and attitudes as judged by others. This knowledge will assist service providers in improving their performance and in being responsive to the clients' needs. Feedback is necessary from all those involved in the service delivery system, including managers, supervisors, other service providers and especially the clients. Feedback works best if given in a **positive and constructive** way. Providers should be given the opportunity to improve their performance based on the knowledge of how they are seen by others. If service providers are motivated towards quality of care and are continuously encouraged to improve, feedback will be effective in improving the quality of care.

### Need for self-expression

All service providers, regardless of the level of care at which they are working, need to express their views concerning the quality and efficiency of the program. But they also need to be listened to and to know that their opinion is taken into account when making management decisions.

## Community Relationships

The following ethical behaviors promote positive relationships between the clinic and the community:

- Identifying and addressing unmet reproductive health and family planning community needs
- Consideration of the local community's habits, beliefs, and traditions when developing community interventions



## Records used at the clinic

All clinic records are used for accounting and auditing. The records are:

Table 1. Records used at the clinic

Record Name	Description and Procedures for Use	Legal Reference
<b>Client registration record</b>	The registration book is the responsibility of administrative assistant to record the needed information on the attending physician, clients, diagnosis, and medication/family planning method prescribed for them	To determine number of clients served, kind of services provided, and compares the dispensing of methods, morbidity report, and monthly report.  Registration sequence follows cash receipt serial number. It eases the comparison between the dispensed family planning methods record and service registration book.
<b>Medical file</b>	All clinical history information, diagnosis in the process, counseling and clinical care provided must be registered in the client's medical file.	It is used to maintain the medical report, forensic information, and legal documents in the event that questions of misdiagnosis or malpractice arise.  It is used to compare the information in the registration book and the audit of medication dispensing and/or client referral.
<b>Service registration record</b>	The registration book is the responsibility of the nurse to record the needed information on the services provided for the clients	To determine number kind of services provided and it compares dispensed FP methods, morbidity report, and monthly report.  Registration sequence follows cash receipt serial number. It eases the comparison between dispensed family planning methods record and service registration book.
<b>Prescription</b>	All prescribed medication/family planning methods orders must be written in clients' medical file	It is used to compare the dispensing of the medication with the information in the client file and the registration book.
<b>Receipts</b>	For all cash received from a client, one copy must be given to the client, one submitted to the HQ	The amount of cash deposited has to match the receipts.  The record of medications dispenses, laboratory tests performed, and X-ray images taken must be substantiated with receipts.

Record Name	Description and Procedures for Use	Legal Reference
<b>Cash deposit form</b>	At the end of each day, the amount of the cash on hand must be registered on the Cash Deposit Form.	To compare the amount of the cash deposited for the clinic with matching receipts.

All records and forms must be kept for 10 years because they are considered to be part of the auditing and financial review process.

- Keep all records and forms in a safe place, in sequence and in groups, after they are completed
- Maintain records in sequence and record dates, as used
- Each clinic must keep a copy of the financial record